

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	2					
5	9					
6	9					
7	2					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	8					

	IND	DEP	IND	DEP	IND	DEP
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